

Community Services Department
Softball Spring 2006
REGISTRATION FORM

PLEASE PRINT

Team Name: _____

Team Representative /Coach: _____

Home Phone: _____

Daytime Phone: _____

Fax: _____

Email: _____

Mailing Address _____
Street

City

Zip code

League Requested

First Choice

Second Choice

Leagues according to strength:

Men's Open

Men's B

Men's C

Church

Women

Coed A

Coed B

Coed C

Modified

Leagues according to night of play*

Monday -Thursday

Monday - Thursday

Monday—Thursday

Tuesday & Thursday

Thursday

Friday

Friday

Friday

Tuesday

*** SUBJECT TO CHANGE**

Make up games will be played as fields are available and as scheduled by the Athletic office. They may be on a different day or night from the regular League night

Office Use Only: Chk.# _____ M.O. _____ Rec.# _____

FOR MORE INFORMATION, CALL 343-3682